

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: _____		2 Serial/Patent # <u>10/517205</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$ <u>100</u>							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$ <u>110</u>							
		7 TOTAL AMOUNT OF REFUND		\$ <u>210</u>							
		8 TO BE REFUNDED BY:									
10 REASON:		Treasury Check									
<input checked="" type="checkbox"/>	Overpayment	Credit Deposit A/C #:									
<input type="checkbox"/>	Duplicate Payment	9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">1</td> <td style="width: 20px;">2</td> <td style="width: 20px;">--</td> <td style="width: 20px;">0</td> <td style="width: 20px;">5</td> <td style="width: 20px;">5</td> <td style="width: 20px;">5</td> </tr> </table>			1	2	--	0	5	5	5
1	2	--	0	5	5	5					
<input type="checkbox"/>	No Fee Due (Explanation):										
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>John Andrew</u>		TITLE: <u>Paralegal Specialist</u>									
SIGNATURE: <u>John L. Andrew</u>		PHONE: <u>305-9140 ext 241</u>									
OFFICE: <u>PCT - DO/EO</u>											
*****											
THIS SPACE RESERVED FOR FINANCE USE ONLY:											
APPROVED: _____ DATE: _____											

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*